

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42441

File No. 12350
Registered No. 12350
St. Ward

1. PLACE OF DEATH

County Registration District No. 701
Township 1033
City (No. 1644) Chippewa

2. FULL NAME

(a) Residence, No. 1644 Chippewa St. 74 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa Aug.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1st 1856
7. AGE YEARS 75 MONTHS 5 DAYS 10 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chas. P. Schmitz
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlantic Ocean America
13. NAME John Aug.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Mary Knaut
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) Geo. Aug.
18. BURIAL, CREMATION, OR REMOVAL (PLACE) St. Paul's Churchyard DATE Dec 14th 1931
19. UNDERTAKER (ADDRESS) Hengler & Schmitz
20. FILED 14 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11th 1931
22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1931 to Dec 10 1931
I last saw him alive on Dec 9 1931 Death is said to have occurred on the date stated above, 5:20 A.M.
The principal cause of death and related causes of importance were as follows:
Chr. Myocarditis
Date of onset
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Edwin J. Putnam, M. D.
(Address) 3803 16th Blvwy

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

8,63 11.5.44
6-8-12.7.44